

COUNTY SOCIETIES.

ALAMEDA COUNTY.

The meeting March 17, 1908, was called to order at 8:40 by President E. M. Keys, who extended a few words of welcome to the members of the Homeopathic Society that were present. The minutes of the previous meeting were read and approved.

Program: Dr. A. Liliencrantz presented a specimen of a four months' fetus and placenta, which he had removed to-day in a case of ectopic gestation. The doctor said that he had heard that the society had asked for specimens or clinical cases, and that while he knew that we were all familiar with such cases, the peculiarity of this case, to him at least, was unusual. He had previously curetted the patient, and his findings only confirmed the condition he expected, namely, ectopic gestation. The laparotomy revealed the fetus not altogether within the Fallopian tube, but in the cornua of the uterus, a form of interstitial type. The pregnancy had probably commenced in the Fallopian tube, but in its growth had dissected up the wall of the uterus, simulating an interstitial tumor of the uterus. The fetus was alive at the time of its removal and gave one or two gasps. He had had a great many cases of ectopic gestation, but this was his first experience of the interstitial variety.

Dr. M. Lewis Emerson presented a case of Jacksonian epilepsy in a patient 54 years old, who came to him for the treatment of a severe burn which he had received from falling into a fire. His accident was preceded by a fit or epileptic attack which came on him about once a month, ever since he had his head hurt during the San Francisco earthquake. Previous to this accident these attacks were unknown to him. The head injury presented a well marked adherent scar over the left motor area. Observers who had seen the patient in one of these attacks stated that it commenced in his right foot and leg. While the patient was a syphilitic, the condition resembled so closely a case of traumatic epilepsy, that he thought an exploratory procedure was indicated since the last catastrophe nearly cost the patient his life. Authorities were not over enthusiastic about operating on a case of traumatic epilepsy, especially after the fit habit was well established. If we were a little more thorough in our work in treating head injuries, there would be fewer cases of traumatic epilepsy.

Dr. G. B. N. Clow presented a paper entitled Peripheral Endarteritis terminating in Bronchial Thrombosis, also a specimen of the bronchial artery showing its diseased condition. The patient had a sister who suffered some vasa motor disturbance of the fingers, necessitating the removal of two fingernails of the right hand and one of the left. Two brothers died of tuberculosis. The patient came under his observation about three months ago, complaining of severe pain in his right hand, from which he was unable to find relief. The disease first appeared three years ago, but the affair was of a transient nature. The pain was worse at night, the fingers being cold and bloodless. The history and progress of the case point to Reynaud's disease. The pathological condition of the arteries of the hand and arm prove it to be a peripheral neuritis. The etiology of this remarkable disease is still obscure. On January 15th the arm was amputated at the upper one-third a few inches from the shoulder. An attempt was made to save a portion of the forearm, the old flap operation was performed and it was found that the blood vessels had become fibrous cords; consequently no hemorrhage occurred, although no tourniquet was used. So the amputation was made at a point where the blood vessels

were normal. The night after his operation, the patient slept all night—the first night's sleep in three months. He was out of bed in four days and made an excellent recovery.

Drs. Archibald and Nusbaumer presented a paper on and a demonstration of the Opsonic theory, claiming nothing original but simply giving a synopsis of the work up to date after the method of Wright in treating infectious disease. Four years ago Wright gave to the scientific world his present theory. One of his discoveries was that until invading bacteria are acted upon by the opsonic agents, the leukocytes refuse to have anything to do with them. The index represents the relative amount of opsonins in the serum of a specimen of blood to be treated as compared with the amount in normal blood. To illustrate this point, we will assume that we have determined the opsonic index of a tuberculous patient to be .5, containing one-half the normal quantity of opsonic agents which are essential to successfully combat the infection of the tubercle bacilli. Having determined the low opsonic index, the object of the opsonist is to supply the blood serum artificially with opsonins and thus facilitate the activity of the leukocytes. Wright has produced the solution of this problem by the use of bacterial vaccines. We are taught that the positive phase achieved by vaccination is only transient, and that it should be the aim to raise and maintain the opsonic index by the judicious use of vaccines. Stock vaccines are not all reliable. As to how far we may apply the index to the treatment of infections generally is a question for the future. The opsonins simply sensitize bacteria to the advantage of the leukocyte, or in a few words, Wright's opsonins prepare bacteria for Mechnikoff's phagocytes to devour. Despite opposition to the therapeutic application, the discovery of opsonins must be regarded as a significant forward step in the study of immunity and pathology in general.

Dr. Nusbaumer then demonstrated the manner of collecting blood from a punctured ear, the way of diluting the same, also the manner of filling the capsules with blood to be tested. She also showed several microscopic specimens of phagocytes in action or rather which had acted on bacteria which had been sensitized by vaccines. This work brought forth a most interesting discussion.

Dr. G. F. Reinhardt stated he had recently spent several weeks in Wright's clinic, and that while there he was fairly opsonized, but later consideration has led him to believe that the opsonic index is too variable to rely on it altogether. He was more interested in the vaccines which he thought were of positive therapeutic value.

M. LEWIS EMERSON, Secretary.

PLACER COUNTY.

The regular meeting of the Placer County Medical Society was held at Colfax on the evening of April 11th in the office of the president.

Dr. Peers presented several very interesting cases followed by a description of his experience and impressions while visiting the Tubercular Sanatoria at Saranac Lake and in Canada.

A motion was made and carried that it is the sense of this meeting that the resolutions adopted by the San Francisco County Medical Society, relative to the removal of Dr. Dudley Tait from the position of associate secretary of the state board of medical examiners, be and are hereby endorsed by the members of the Placer County Medical Society, and that the secretary be instructed to so notify the secretary of the San Francisco County Medical Society and also the house of delegates through the Placer county delegate to the meeting of the California State Medical Society.

After the regular order of business was completed those present concluded a very pleasant evening with a nice supper.

The next regular meeting will be held in Grass Valley the first Saturday in June.

G. H. FAY, Secretary.

BUTTE COUNTY.

The regular monthly meeting of Butte County Medical Society met at the office of Dr. Ella Gatchell at Chico, March 14, 1908. Members present: L. Q. Thompson, of Gridley; B. Caldwell, of Biggs; O. Stansbury, L. C. Perdue, C. L. Browning, D. H. Moulton and Ella F. Gatchell, of Chico. A paper on the plague was read by Dr. O. Stansbury and discussed by members.

Voted to change the night of meeting from the 2nd Saturday to the 2nd Tuesday of each month. The next meeting is to be held at the parlors of Pacific Hotel, Gridley, April 14th, at 6:30 p. m.

ELLA F. GATCHELL, Secretary.

RESOLUTIONS FROM SAN FRANCISCO COUNTY.

Whereas, A disease proved by numerous competent observers, both local and foreign, to be epidemic plague appeared in San Francisco during the month of May, 1907, and persisted in this community until January 30, 1908, since which time no new case has occurred; and

Whereas, The abatement of the disease in so short a period of time constitutes a sanitary achievement of the first magnitude and such achievement is the result of the unflagging zeal and the intelligent skill of the health authorities in charge of sanitation in this city; therefore be it

Resolved, That we, the members of the San Francisco County Medical Society do congratulate Dr. Rupert Blue and the officers of the marine hospital service at present on duty in San Francisco and its staff on the success of their untiring efforts in behalf of the sanitation of San Francisco; and be it further

Resolved, That this society has the fullest confidence in Dr. Blue and the Board of Health, and the Citizens' Health Committee, and hereby pledge them its influence and help in whatever work these authorities may deem essential to bring the sanitary work on hand to a successful issue.

NEW REMEDIES APPROVED.

The following articles will be added to the list of new and nonofficial remedies approved by the Council on Pharmacy and Chemistry:

Aromatic Cordial P.-M. Co. (Pitman-Myers Co.)
Oleum-Ricini Dulcis P.-M. Co. (Pitman-Myers Co.)

Atoxyl Hypodermic Tablets 1-3 grain (Koechl & Co.).

Novocaine Hypodermic Tablets 1-3 grain (Koechl & Co.).

NEW AND NON-OFFICIAL REMEDIES.

SALIT.

Salit consists chiefly of the salicylic acid ester or borneol, $C_6H_4.OH.CO(C_{10}H_{17}O) = C_{17}H_{22}O_2$.

Actions and Uses.—Salit is absorbed by the skin after inunction and is decomposed in the body, liberating salicylic acid in the tissues. It appears to be liable to produce some local irritation and eczema of a mild type. It is antiseptic. It is recommended in gout, articular and muscular rheumatism, neuralgia, erysipelas, pleurisy, etc. Dosage.—It is used only externally, undiluted, by penciling, or preferably by inunction with 5 to 10 Gms. (75 to 150 minims) of a mixture of equal parts of salit and olive

oil. Manufactured by the Heyden Chemical Works, New York.

SALOPHEN.

Salophen, $(C_6H_4.OH.COOC_6H_4.NH.(CH_3CO))$, is the salicylic ester of 1, 4-acetaminophenol, $C_6H_4.(NHCH_3CO)(OH)$.

Actions and Uses.—The actions of salophen resemble those of phenyl salicylate (salol). It is not changed in the stomach, but is broken up in the intestine, liberating salicylic acid and acetylparamidophenoal, which is not toxic, like phenol. It acts as an antirheumatic, antipyretic, antiseptic and analgesic. It has been recommended in rheumatism, gout, typhoid fever, and as an intestinal antiseptic, in diarrhea and dysentery. Externally it has been applied in psoriasis and other itching skin diseases. Dosage.—0.3 to 1 Gm. (5 to 15 grains), in powder, wafers or capsules. Externally in 10 per cent ointment. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

SALOQUININE.

Saloquinine, $C_6H_4.OH.COOC_{20}H_{23}N_2O = C_{27}H_{32}O_4N_2$, is the salicylic ester of quinine, containing 73.1 per cent of quinine.

Actions and Uses.—It is a tasteless substitute for quinine and salicylic acid. Dosage.—0.5 to 2 Gm. (8 to 30 grains). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Merck & Co., New York).

SALOQUININE SALICYLATE.

Saloquinine salicylate, $C_6H_4.OH.COOC_{20}H_{23}N_2O + C_6H_4.OH.COOH = C_{26}H_{30}N_2O_4$, is the salicylate of the salicylic ester of quinine.

Actions and Uses.—It is recommended in acute rheumatism, neuralgia, tabes, gonorrheal inflammations, etc. Dosage.—1 Gm. (15 grains). Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

SEXTONOL.

A mixture of tonols in tablets of 0.3 Gm. (5 grains), each tablet being said to contain lime tonol 0.13 Gm. (2 grains); sodium tonol, 0.13 Gm. (2 grains); iron tonol, 0.03 Gm. (1½ grain); manganese tonol, 1.15 Gm. (¼ grain); and strychnine tonol, 0.00033 Gm. (1/200 grain).

Actions, Uses and Dosage.—See Glycerophosphates. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering & Glatz, New York).

SIDONAL.

$$\begin{array}{c} /CH_2CH_2\backslash \\ \text{Sidonal} \quad NH_2C_6H_4(OH)_2(COOH) = C_{18} \\ \backslash CH_2CH_2/ \end{array}$$

 $H_{24}N_2O_{12}$, is the normal salt of piperazine and quinic acid.

Actions and Uses.—Sidonal is recommended as a uric acid solvent in gout, neurasthenia, etc. Dosage.—1 to 1.3 Gm. (15 to 20 grains) 5 or 6 times a day, dissolved in water. Manufactured by Vereinigte Chemische Werke Actiengesellschaft, Charlottenburg (Victor Koechl & Co., New York).

SODIUM CACODYLATE.

Sodium cacodylate, $(CH_3)_2AsO.ONa + 3H_2O$, is the sodium compound of cacodylic acid $(CH_3)_2AsO.CH_3$, a dimethyl derivative of arsenic acid, $AsO(OH)_3$.

Actions and Uses.—The action of sodium cacodylate is similar to other arsenic compounds, but it is much less toxic than the ordinary preparations of arsenic, and is also less apt to cause undesirable side effects. This superiority is due to the slow liberation of the arsenic iron in the body. The cacodylate is particularly recommended in obstinate psoriasis, pseudoleukemia, diabetes, anemia, chlorosis, tuberculosis, malarial cachexia, etc. Dosage.—0.025 to 12 Gm. (½ to 2 grains) in pills, hypodermically or by enema.